

# UNIVERSE MAINTENANCE FORM

1. EPA ID NUMBER <span style="float: right;">P A 0 0 0 0 5 8 8 2 7</span>																																																																									
2. FACILITY NAME <u>OR Whiskey - Lehigh River Treatment</u>																																																																									
3. NOTIFICATION DATE <u>10 / 12 / 01</u>	4. SOURCE (circle one): N A <u>(S)</u> E																																																																								
<b>WASTE ACTIVITY</b>  GENERATOR (Current Status) 1 LQG 2 SQG 3 CESQG 4 Other _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">5.</th> <th style="width: 40%;">TYPE (New Status) (circle one)</th> <th style="width: 10%;">6.</th> <th style="width: 40%;">RCRA REGULATORY STATUS (circle one)</th> <th style="width: 10%;">7.</th> <th style="width: 40%;">STATUS DESCRIPTION (circle one)</th> </tr> <tr> <td>1</td> <td>LQG</td> <td>R</td> <td>RCRA Regulated</td> <td><u>1</u></td> <td>Conditionally Exempt Small Quantity Generator</td> </tr> <tr> <td>2</td> <td>SQG</td> <td>P</td> <td>Pending</td> <td>2</td> <td>Definitionally excluded waste</td> </tr> <tr> <td>3</td> <td>CESQG</td> <td>A</td> <td>Regulated under another ID Number</td> <td>3</td> <td>Delisted wastes</td> </tr> <tr> <td>N</td> <td>Not a generator, verified</td> <td>N</td> <td>Not RCRA Regulated (closed, non-handler)</td> <td>4</td> <td>One-time generator</td> </tr> <tr> <td>Blank</td> <td>Unverified</td> <td></td> <td></td> <td>5</td> <td>Periodic generator</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>6</td> <td>No longer generating hazardous waste, still in business</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>7*</td> <td>No longer generating hazardous waste, no longer in business</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>8*</td> <td>Never generated hazardous waste</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>9</td> <td>ID number to transport non-hazardous waste</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>10</td> <td>Regulated under another ID number</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>(*most commonly used)</td> </tr> </table>	5.	TYPE (New Status) (circle one)	6.	RCRA REGULATORY STATUS (circle one)	7.	STATUS DESCRIPTION (circle one)	1	LQG	R	RCRA Regulated	<u>1</u>	Conditionally Exempt Small Quantity Generator	2	SQG	P	Pending	2	Definitionally excluded waste	3	CESQG	A	Regulated under another ID Number	3	Delisted wastes	N	Not a generator, verified	N	Not RCRA Regulated (closed, non-handler)	4	One-time generator	Blank	Unverified			5	Periodic generator					6	No longer generating hazardous waste, still in business					7*	No longer generating hazardous waste, no longer in business					8*	Never generated hazardous waste					9	ID number to transport non-hazardous waste					10	Regulated under another ID number						(*most commonly used)
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EPA/BAH Use Only

Date to Date Entry \_\_\_\_\_

Batch Number \_\_\_\_\_

Date QA'd 1.4.02 LB

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).	<h2 style="margin: 0;">Notification of Regulated Waste Activity</h2> <b>United States Environmental Protection Agency</b>	<b>Date Received</b> (For Official Use Only)
<b>I. Installation's EPA ID Number (Mark 'X' in the appropriate box)</b>		
<input type="checkbox"/> <b>A. Initial Notification</b>	<input checked="" type="checkbox"/> <b>B. Subsequent Notification</b> (Complete item C)	<b>C. Installation's EPA ID Number</b> P A 0 0 0 0 5 3 8 8 2 7
<b>II. Name of Installation (Include company and specific site name)</b> C R W A R N E R I N C , Y A N K E E P O I N T T E R M I N A L		
<b>III. Location of Installation (Physical address not P.O. Box or Route Number)</b>		
<b>Street</b> 6 1 S T + W P A S S Y U N K A V E N U E		
<b>Street (Continued)</b> (Empty row)		
<b>City or Town</b> P H I L A D E L P H I A		<b>State</b> P A
		<b>Zip Code</b> 1 9 1 5 3 -
<b>County Code</b> 1 0 1	<b>County Name</b> P H I L A D E L P H I A	
<b>IV. Installation Mailing Address (See instructions)</b>		
<b>Street or P.O. Box</b> 6 0 5 0 W P A S S Y U N K A V E N U E		
<b>City or Town</b> P H I L A D E L P H I A		<b>State</b> P A
		<b>Zip Code</b> 1 9 1 5 3 -
<b>V. Installation Contact (Person to be contacted regarding waste activities at site)</b>		
<b>Name (Last)</b> K R A W I E C K I		<b>(First)</b> R O S E
<b>Job Title</b> M A N A G E R		<b>Phone Number (Area Code and Number)</b> 2 1 5 - 7 2 6 - 4 3 0 0
<b>VI. Installation Contact Address (See instructions)</b>		
<b>A. Contact Address Location</b> <input type="checkbox"/>	<b>B. Street or P.O. Box</b> <input checked="" type="checkbox"/>	
<b>City or Town</b> (Empty row)		
		<b>State</b> (Empty row)
		<b>Zip Code</b> (Empty row)
<b>VII. Ownership (See instructions)</b>		
<b>A. Name of Installation's Legal Owner</b> S C H U Y L K I L L Y A N K E E R E A L T Y		
<b>Street, P.O. Box, or Route Number</b> 6 0 5 0 W P A S S Y U N K A V E N U E		
<b>City or Town</b> P H I L A D E L P H I A		<b>State</b> P A
		<b>Zip Code</b> 1 9 1 5 3 -
<b>Phone Number (Area Code and Number)</b> 2 1 5 - 7 2 6 - 4 3 0 0		<b>B. Land Type</b> <input checked="" type="checkbox"/>
		<b>C. Owner Type</b> <input checked="" type="checkbox"/>
<b>D. Change of Owner Indicator</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<b>Date Changed</b> Month Day Year (Empty row)

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

## A. Hazardous Waste Activities

1. Generator (See Instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☒ a. For own waste only
- ☒ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Exempt Boiler and/or Industrial Furnace
- ☐ a. Smelting, Melting, and Refining Furnace Exemption
- ☐ b. Small Quantity On-Site Burner Exemption
5. Underground Injection Control

## C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
- ☒ a. Transporter
- ☒ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☒ a. Processor
- ☐ b. Re-refiner
3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
- ☒ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
- ☒ b. Marketer Who First Claims the Used Oil Meets the Specifications

## B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

## B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See Instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F 0 0 2	D 0 0 7	D 0 2 9	D 0 3 9

## C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6
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## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

Robert J. Krawiec, President + Owner

6/16/2000

## XI. Comments

6318-20 W Passyunk Ave - legal address  
6050 W Passyunk Ave - mailing address  
61st & W. Passyunk Ave - actual location

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)

no ownership, wrong in  
RCRA permit CB.

Robert Krawiec  
owns SYL which owns prop-  
he also owns the CR Warner business



ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PA0000538827

09/12/94

INSTALLATION ADDRESS

YANKEE POINT TERMINAL INC  
PO BOX 134  
WOODSTOWN, NJ 08341  
ROBERT KRAWIECKI PRES

6310-20 W PASSYUNK AVE  
PHILADELPHIA, PA 19153

JUL 1 1994

Please refer to the instructions to filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification

☐ B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

PA00000538827

## II. Name of Installation (Include company and specific site name)

YANKEE POINT TERMINAL INC.

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

6318-20 W PASSYUNK AVENUE

Street (Continued)

City or Town

PHILADELPHIA

State

Zip Code

PA 19153-

County Code

County Name

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P.O. BOX 134

City or Town

WOODSTOWN

State

Zip Code

NJ 08341-

## V. Installation Contact (Person to be contacted regarding waste activities (R))

Name (Last)

KRAWIECKI

(First)

ROBERT J

Job Title

PRESIDENT

Phone Number (Area Code and Number)

215-725-5505

## VI. Installation Contact Address (See Instructions)

A. Contract Address

Location Mailing Code

B. Street or P.O. Box

City or Town

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

ROBERT J KRAWIECKI

Street, P.O. Box, or Route Number

410 HOLLY GLEN DRIVE

City or Town

CHERRY HILL

State

Zip Code

NJ 08012

Phone Number (Area Code and Number)

609-427-0826

CW  
8/1/94



<b>ID: For Official Use Only</b>

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)	
A. Hazardous Waste Activity	B. Used Oil Recycling Activities
<p>1. Generator (See Instructions)</p> <p><input checked="" type="checkbox"/> a. Greater than 1000 kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes below)</p> <p><input checked="" type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input checked="" type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify _____</p>	<p><input checked="" type="checkbox"/> 1. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner</p> <p><input checked="" type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> <p>2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)</p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p>3. Used Oil Transporter - Indicate Type(s) of Activity(ies)</p> <p><input checked="" type="checkbox"/> a. Transporter</p> <p><input checked="" type="checkbox"/> b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input checked="" type="checkbox"/> a. Processor</p> <p><input type="checkbox"/> b. Re-refiner</p>

IX. Description of Hazardous Wastes (Use additional sheet if necessary)													
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X. Certification		
<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>		
<p>Signature</p> <p><i>[Signature]</i></p>	<p>Name and Official Title (Type or print)</p> <p>ROBERT J. KRAWIECKI PRESIDENT</p>	<p>Date Signed</p> <p>MAY 20, 1994</p>

XI. Comments
<p>8/4/94 - RK</p> <p>9-9-94 HST</p>
<p>Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)</p>

70D  
Name not  $\Delta$ ed  
3/16/95

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM  
MAINTENANCE FORM FOR EPA NOTIFICATION

EPA-ID# 1P14101010101513181812171 Date: 11-23-94

FACILITY NAME Yankee Point Terminal

Yankee Charge & CW  
12.2.94  
RR

New Facility Name

Name Change C. R. Warner, Yankee Point Terminal

Location of Installation

Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County Code \_\_\_\_\_ County Name \_\_\_\_\_

Installation Mailing Address

Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Installation Contact

Last Name \_\_\_\_\_ First \_\_\_\_\_

Job Title \_\_\_\_\_ Phone # \_\_\_\_\_

Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ownership

Name of Legal Owner \_\_\_\_\_

Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Land Type \_\_\_\_\_ Owner Type \_\_\_\_\_

Waste Codes

Delete Old Waste Codes

Add New Waste Codes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Updated in RCRIS by RR Date 11/28/94

Waste Activity	Type	RCRA Reg. Status	RCRA Reg. Desc.
Generator	_____	_____	_____
TSD	_____	_____	_____
Transporter	_____	_____	_____
Mode of Transportation:			
Air _____	Rail _____	Highway _____	Water _____
Other _____			

Burner/Blender \_\_\_\_\_  
 B Boiler and/or Industrial Furnace (BIF) only.  
 D BIF only; Smelter Deferral.  
 E BIF only; Small Quantity Exemption claimed.  
 N Not a Burner/Blender, Verified.  
 X Other Burner/Blender Activity.  
 Blank Unverified.

HWF Market to Burner \_\_\_\_\_  
 X Code indicates that the handler is a generator engaged in marketing to burners of hazardous waste fuel activities.  
 Blank No activity.

HWF Other Market \_\_\_\_\_  
 X Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner.

HWF Burner \_\_\_\_\_  
 B Boiler and/or Industrial Furnace.  
 X Indication of activity.

OSO Market to Burner \_\_\_\_\_  
 X Code indicates that the handler is a generator engaged in marketing to burners of off-spec. used oil fuel.

OSO Other Market \_\_\_\_\_  
 X Code indicates that the Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner (e.g., marketing to used oil refinery).

OSO Burner \_\_\_\_\_  
 B Boiler and/or Industrial Furnace.  
 X Indication of Activity.

SO ACT: \_\_\_\_\_  
 Code indicating that the handler is engaged in marketing of specification fuel oil activities.  
 B Boiler and/or Industrial Furnace.  
 X Indication of Activity.

Burner Types  
 Utility Boiler \_\_\_\_\_ Industrial Boiler \_\_\_\_\_ Ind. Furnace \_\_\_\_\_

Underground Injection Control \_\_\_\_\_  
 X Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation.

Recycler: \_\_\_\_\_  
 C Commercial  
 R Non-Commercial Recycler  
 N Not a Recycler, Verified  
 Blank Not a recycler, unverified.





ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PA0000538827

12/05/94

INSTALLATION ADDRESS

C R WARNER YANKEE POINT TERMINAL  
PO BOX 134  
WOODSTOWN , NJ 08341  
ROBERT KRAWIECKI PRES

6318-20 W PASSYUNK AVE  
PHILADELPHIA , PA 19153

# C. R. WARNER, INC.

MAIN OFFICE:  
NEW JERSEY FACILITY  
P.O. BOX 134  
EAST LAKE ROAD  
WOODSTOWN, N.J. 08098  
TEL: (609) 769-1188  
FAX: (609) 769-3950

EPA ID NO.: NJDO11881174  
STATE FACILITY NO.: 1709 B1 HP02



PENNSYLVANIA OIL FACILITY  
46 TERRY DRIVE  
LOWER SOUTHAMPTON, PA 19047

**RECEIVED**  
PA/DC SECTION

OCT 27 1994

EPA REGION III

October 25, 1994

US EPA Region III  
RCRCA Programs Branch  
841 Chestnut Street  
Philadelphia, PA 19107  
ATTN: Margaret Thorton

REF: Yankee Point Terminal, 6318-20 West Passyunk Ave.,  
Philadelphia, PA 19153 PA0000538827

Dear Ms. Thorton:

Yankee Point Terminal requests that your department amends the registration information for the EPA ID number referenced above. The full generator name should include, C. R. Warner, Yankee Point Terminal, 6318-20 West Passyunk Avenue, Philadelphia, PA 19153.

If there are any questions concerning this matter, please call me at (609) 769-1188.

Very truly yours,

  
Jim Malanos

JM/wlk

cc: Robert Krawiecki

## "New Jersey's First Licensed Oil Recycling Facility"

- Waste Oil Removal
- Waste Water Removal
- Vacuum Truck Service
- Emergency Spill Response
- Oil Filter Recycling
- Non-Hazardous Parts Washer Service
- Drum Waste Collection

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*****
*                               RCRIS: Notification View Screen 2 of 6                               *
*****
*EPA Id: PA0000538827      Other Id:                               Merge Send: Y                      *
*Date Received(MMDDYY): 071694      Source( N/E/S ): N Non-Notifier Flag:                      *
*Date Acknowledged (MMDDYYYY):                               Send Acknowledgement:                *
*Name of Installation: YANKEE POINT TERMINAL INC                      *
*                               Installation Location Address                      *
*Streets: 6318-20 W PASSYUNK AVE                                          *
*City: PHILADELPHIA      State: PA      Zip: 19153                      *
*County Code: 101      County Name: PHILADELPHIA                      *
*                               Installation Mailing Address                      *
*Streets: PO BOX 134                                          *
*City: WOODSTOWN      State: NJ      Zip: 08341                      *
*                               Contact Information                      *
*   Last Name      First Name      Title      Phone      Address(M,L,O) *
* KRAWIECKI      ROBERT      PRES      2157255525      M                      *
*Streets: PO BOX 134                                          *
*City: WOODSTOWN      State: NJ      Zip: 08341                      *
*Land Type: P                      *
*****
*   Enter-Continue      F1-Previous Screen      F3-Exit                      *
*****

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*****
*                               RCRIS: Notification View Screen 3 of 6                               *
*****
* EPA Id: PA0000538827      Other Id:                               Source: N                      *
*                               *                               *                      *
* Owner Sequence Number: 1                                          *
* Ownership: ROBERT J KRAWIECKI      Type of Owner: P                      *
*                               *                               *                      *
*                               Address of Owner/Operator                      *
*                               *                               *                      *
*   Street: 410 HOLLY GLEN DRIVE                                          *
*   City: CHERRY HILL      State: NJ Zip Code 08034                      *
*   Phone: 6094270826                                          *
*                               *                               *                      *
* Current/Previous Indicator: CO      Change Date(MMDDYY):                      *
*                               *                               *                      *
*                               *                               *                      *

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*****
*   Enter-Continue      F1-Previous Screen      F3-Exit      F5-Curr. Owner      *
*   F6-Prev. Owner      F8-Help      F9-First      F10-Next                      *
*****

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*****
*                               RCRIS: Notification View Screen 4A of 6                               *
*****
* EPA Id: PA0000538827      Other Id:                               Source: N                      *
*                               *                               *                      *
*                               RCRA Reg      RCRA Reg      State Reg      State Reg      *
*   Waste Activity      Type      Status      Desc      Status      Desc                      *
* -----      - - - - -      - - - - -      - - - - -      - - - - -      - - - - -      *
* HW Generator:      1      R                                          *
* HW TSD:      X      R                                          *
* HW Transporter:      S      R                                          *
*   Transport Mode: Air:      Rail:      Highway: X      Water:                      *

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*      Other:
* HW Burner/Blender:       X           R
* NHW Used Oil Recycler:   X           R
* -----
* Underground Injection Control:
* Recycler:
*
*****
* Enter-Continue          F1-Previous Screen      F3-Exit              F8-Help
*****
*****
*                               RCRIS: Notification View Screen 4B of 6
*****
* EPA Id: PA0000538827    Other Id:                      Source: N
*
* HWF Burner/Blender (from 4A):    Enter Sub-Indicator(s) if Type not Blank
*   Type:                         X                HWF Marketer to Burner:
*   RCRA Reg Stat: R               HWF Other Marketer:             X
*   RCRA Reg Desc:                 HWF Burner:
*   State Reg Stat:
*   State Reg Desc:
* NHW Used Oil Recycler (from 4A):  UO Marketer to Burner:
*   Type:                         X                Specification UO Marketer:
*   RCRA Reg Stat: R               UOF Burner:
*   State Reg Stat:                 UO Transporter:                   F
*   State Reg Desc:                 UO Processor/Re-refiner:         P
*                                   UO Collection Center:
* Burner
* Type: Utility Boiler:        Industrial Boiler:        Industrial Furnace:
*
*****
* Enter-Continue          F1-Prev Screen          F3-Exit              F8-Help
*****
*****
*                               RCRIS: Notification View Screen 5 of 6
*****
* EPA Id: PA0000538827    Other Id:                      Source: N
*
* Hazardous Waste Codes: Specific/Non-Specific/Commercial/Chemical
*                          D001   D018     F001   F003     F005
*
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*
*Enter-Continue          F1-Previous Screen      F3-Exit
*F8-Help                  F9-First              F10-Next
```

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*****
*
*      RCRIS: Notification View Screen 6 of 6
*
*****
*      EPA Id:  PA0000538827  Other Id:                      Source:  N
*
*      Comments:
*
*      X721 X722 X723 X724 X725 X726
*
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*
*
*
*****
*Enter-Id Screen          F3-Exit          F1-Previous Screen  *
*                        F9-First          F10-Next           *
*****
```



